

CITY OF GULFPORT

Work/Cell Phor	ne	Home Phose		Work/Cell Phone ature Of Agent
	ne	Home Pho	ne	Work/Cell Phone
		_		
State	Zip code	City	State	Zip code
		Mailing Ad	ddress	
		Printed Na	me Of Agent	
		_ 1		AGENT
ve read and un tify that I ago m the owner o	nderstand this a ree to comply of the property	application and with all appli	that all inforr	les, ordinances and state laws.
TION OF F	REQUEST:			
lved:				
			(If nee	Size: cessary, use separate sheet of paper)
				Ward:Flood:
	Propert	ty Information		Zoning:
	VAR	IANCE		Received By:
A	APPLICA	ATION F	FOR	Receipt #:
	Gulfpo (228	8) 868-5710		Date Received:
F	OVER THE OWNER	VAR Proper Proper OWNERSHIP AN Ave read and understand this a stify that I agree to comply m the owner of the property rein described request. WNER	VARIANCE Property Information White in the owner of the property involved in the rein described request. WARIANCE Property Information Note The Property	VARIANCE Property Information (If need by the content of the property involved in this request or been described request. WNER

SECTIONS A. THROUGH G. MUST BE SUBMITTED FOR A COMPLETE APPLICATION.

For Staff Use Only

NAME OF OWNED (DDINT)

This page must be completed if the property or properties involved have more than one owner. All persons listed as owners to the property or properties listed on page one must complete and sign this part of the application.

I hereby certify that I have read and understand this application and that all information and attachments are true and correct. I also certify that I agree to comply with all applicable city codes, ordinances and state laws. Finally, I certify that I am the owner of the property involved in this request or authorized to act as the owner's agent for herein described request.

NAME OF OWNER (FRINT)	
ADDRESS (STREET, CITY, STATE, ZIP CODE	
PHONE # (H)	(WK/CELL)
TAX PARCEL NUMBER(S) OWNED	
SIGNATURE:	
NAME OF OBSIDE ORDINA	
NAME OF OWNER (PRINT)	
ADDRESS (STREET, CITY, STATE, ZIP CODE	
PHONE # (H)	(WK/CELL)
TAX PARCEL NUMBER(S) OWNED	
SIGN;	
NAME OF OWNER (PRINT)	
NAME OF OWNER (FRINT)	
ADDRESS (STREET, CITY, STATE, ZIP CODE:	
PHONE # (H)	(WK/CELL)
TAX PARCEL NUMBER(S) OWNED	
SIGNATURE:	
(Use additional forms as needed)	
IN CASES OF MULTIPLE APPLICANTS, PLEASE I	DENTIFY THE PERSON WHO WILL BE ACTING AS YOUR SPOKES
PERSON/AGENT FOR YOU:	

Important Notice

- 1. Please be advised that failure to submit a complete application, with all supporting documents, could **delay your hearing date**. The Zoning Board will not consider a request until all information is submitted and accurate.
- 2. Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. The application is not considered complete until all required information from the applicant is available for review by the staff and coordinating agencies.
- 3. Please see reverse of this sheet to determine the deadline dates for filing your application.

Submission Requirements

- A. Page one of this application, completed and signed.
- B. <u>Site plan.</u> Please note that approval of your request, in part, is based on your site plan.
 - The property lines and dimensions have been provided on the drawing.
 - All buildings and structures located on the property have been identified.
 - All dimensions of buildings and structures have been noted on the site plan.
 - All distances from the property lines to all the buildings and structures have been identified and noted on the site plan.
 - Street names have been provided which abut the property.
 - Traffic flow, parking and driveways have been identified.
 - If required buffer strips have been identified
 - Other pertinent information as needed to pictorially demonstrate the proposed development/use.
- C. **Proof of ownership** (Copy of deed or affidavit)
- D. If applicable, notarized proof of <u>authority to act as</u> <u>agent</u> for owner (board resolution, etc.)
- E. The City of Gulfport Planning Division Staff will notify, by letter, property owners adjacent to the requested action identified in this application using the Land Roll database from the County Tax Office. If you would like to have additional persons or property owners notified, please provide a list of additional persons to be notified.

- F. <u>Answer following six questions</u> individually with each having been numbered and addressed on a separate piece of paper.
- 1. Demonstrate that special conditions and circumstances exist which are peculiar to the land, structure, or building involved and which are not applicable to other lands, structures, or buildings in the same district. (i.e., What is special about your property that you need to request a variance?)
- **2.** Demonstrate that the special conditions and circumstances do not result from the actions of the applicant. (i.e., Show that you did not cause the need for the variance.)
- **3.** Demonstrate that an unnecessary hardship is created by the physical character of the property and is peculiar and unusual to such an extent that it is evidence that amendment of the zoning ordinance does not offer a reasonable solution. (i.e., Explain what your hardship is and why the property cannot comply with the zoning ordinance. Further, explain why this hardship is not commonly found on other properties?)
- **4.** Demonstrate how the literal interpretation of the provisions of the zoning ordinance would deprive the applicant of rights commonly enjoyed by properties in the same district under the terms of the zoning ordinance. (i.e., Explain how the request meets the right of reasonable economic return and/or the right to reasonable development of your property which might generally be expected in your district.)
- **5.** Demonstrate that the granting of the variance will not confer on the applicant any special privilege that is denied by this ordinance to other lands, structures, or buildings in the same district, other than to permit the applicant to use their property in a manner as nearly equivalent to uses generally permitted in the district considering the conditions and circumstances involved and hardship. (i.e., Will you receive any special benefit that others who follow the Zoning Ordinance cannot receive?)
- **6.** State whether the use proposed is permissible by right, with planning approval or by special exception with respect to uses of land or structures.
- G. <u>Cash or check</u> payable to the City of Gulfport in the amount of \$75.00.





City of Gulfport Zoning Board of Adjustments & Appeals & Planning Commission

2014 MEETING DATES & APPLICATION DEADLINES

Zoning Board and Planning Commission meetings are on Thursdays in the Council Chambers at the Gulfport City Hall located at 2309 15th Street. Zoning Board meetings begin at 3:00 p.m. and Planning Commission meetings begin at 4:30 p.m. You will be notified by letter of the time and location that your request will be considered.

Meeting L	ates
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Zoning Board	Planning Commission	Deadline Date
January 16, 2014	January 23, 2014	December 4, 2013
February 20, 2014	February 27, 2014	January 7, 2014
March 20, 2014	March 27, 2014	February 4, 2014
April 17, 2014	April 24, 2014	March 4, 2014
May 15, 2014	May 22 2014	April 1, 2014
June 19, 2014	June 26, 2014	May 6, 2014
July 17, 2014	July 24, 2014	June 3, 2014
August 21, 2014	August 28, 2014	July 8, 2014
September 18, 2014	September 25, 2014	August 5, 2014
October 16, 2014	October 23, 2014	September 2, 2014
Novembe	er 20, 2014	October 7, 2014
December 18, 2014		November 4, 2014

Please be advised that the application deadline dates posted are designed to allow the staff time to review the application and receive required comments from coordinating agencies. Meeting dates listed do not guarantee your application hearing date. The application is not considered complete until all required information is available for review from the applicant and coordinating agencies. Dates, time and location are subject to change without notice. The remaining dates will be forthcoming.